

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention and administered by the New York State Department of Health. The BRFSS is designed to provide information on behaviors, risk factors, and utilization of preventive services related to the leading causes of chronic and infectious diseases, disability, injury, and death among the noninstitutionalized, civilian population aged 18 years and older.

Colorectal Cancer Screening New York State Adults 2006

Introduction

Colorectal cancer (cancer that starts in the colon or rectum) is the third leading cause of cancer deaths for men (following lung and prostate) and for women (following lung and breast) in New York State. There are approximately 11,000 new cases of colorectal cancer diagnosed each year in New York and about 4,000 men and women die from the disease annually.¹

Early detection of colorectal cancer through regular screening can substantially improve survival rates. When these cancers are found and treated early, they can often be cured. In some cases, screening can actually prevent the development of colorectal cancer by detecting and removing adenomatous polyps before they become cancer.

The American Cancer Society recommends that average risk men and women 50 and older should be screened for colorectal cancer with one of the following:

- yearly take-home multiple sample fecal test (fecal occult blood test [FOBT] or fecal immunochemical test [FIT]);
- flexible sigmoidoscopy every 5 years;
- yearly FOBT or FIT, plus flexible sigmoidoscopy every 5 years;
- colonoscopy every 10 years; or
- double-contrast barium enema every 5 years.

People with a family history or other risk factors for colorectal cancer should talk to their doctor about starting colorectal cancer screening earlier and/or undergoing screening more often.²

BRFSS Questions

[Note: Asked only of respondents aged 50 years and older.]

1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

[If “yes”]

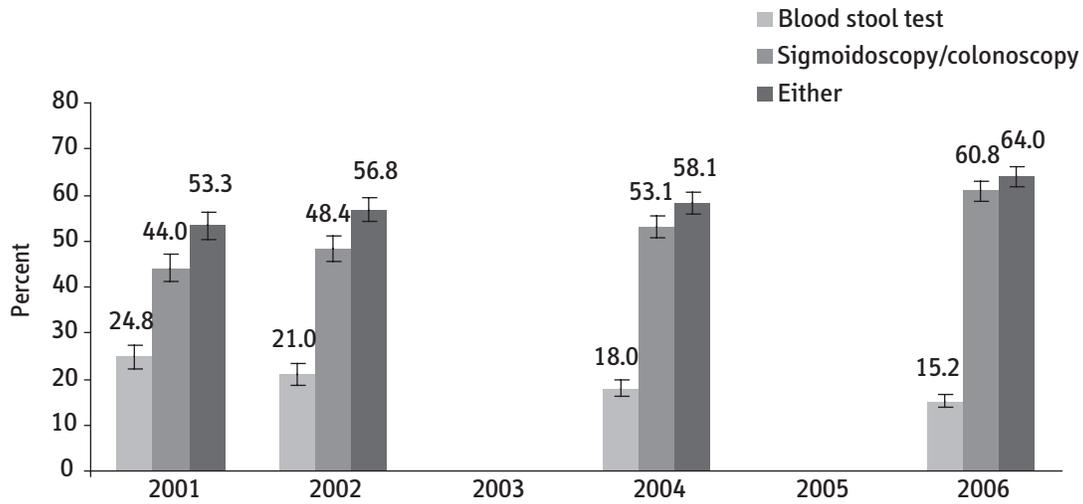
2. How long has it been since you had your last blood stool test using a home kit?

3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

[If “yes”]

4. How long has it been since you had your last sigmoidoscopy or colonoscopy?

Blood stool test in past year, sigmoidoscopy/colonoscopy in past 10 years, or either blood stool test in past year or sigmoidoscopy/colonoscopy in past 10 years among New York State adults aged 50 years and older, by survey year



Note: Data on blood stool testing or sigmoidoscopy/colonoscopy not collected in 2003 or 2005 New York BRFSS.

Note: Error bars represent 95% confidence intervals.

Colorectal cancer screening among New York State adults aged 50 years and older: 2006 BRFSS

	Blood stool test in past year		Sigmoidoscopy / colonoscopy in past 10 years		Blood stool test in past year OR Sigmoidoscopy / colonoscopy in past 10 years	
	% ^a	95% CI ^a	%	95% CI	%	95% CI
New York State (NYS) [n=3,292]	15.2	13.7-16.6	60.8	58.7-62.8	64.0	61.9-66.0
Sex						
Male	15.3	12.9-17.7	61.0	57.6-64.4	64.0	60.6- 67.4
Female	15.0	13.2-16.9	60.6	58.0-63.1	64.0	61.4-66.5
Age (years)						
50-64	13.5	11.5-15.4	56.3	53.4-59.2	59.9	57.0-62.8
≥ 65	17.4	15.2-19.6	66.7	63.9-69.6	69.4	66.6-72.1
Race/ethnicity						
White non-Hispanic	15.8	14.2-17.4	63.2	61.2-65.3	66.6	64.6-68.6
Black non-Hispanic	15.8	10.2-21.4	58.9	51.2-66.6	63.9	56.5-71.4
Hispanic	10.6	5.0-16.3	52.5	43.4-61.6	52.4	43.5-61.4
Other non-Hispanic	14.8	8.3-21.3	51.5	41.5-61.6	55.4	45.4-65.5
Annual household income						
< \$15,000	13.5	9.3-17.6	48.6	42.0-55.2	54.4	47.8-61.1
\$15,000-\$24,999	18.4	14.4-22.5	53.0	47.4-58.6	59.1	53.6-64.6
\$25,000-\$34,999	13.8	9.6-18.0	58.8	52.4-65.2	60.0	53.6-66.4
\$35,000-\$49,999	15.7	11.6-19.8	63.3	57.1-69.5	66.8	60.6-73.0
\$50,000-\$74,999	17.0	12.4-21.5	67.5	62.2-72.8	72.3	67.4-77.2
≥ \$75,000	13.2	10.5-16.0	66.4	62.2-70.5	68.2	64.1-72.3
Missing ^b	14.5	10.5-18.5	61.4	56.2-66.7	62.4	57.2-67.6
Educational attainment						
Less than high school	14.8	10.4-19.3	56.3	49.1-63.4	58.1	51.0-65.2
High school or GED	16.9	14.0-19.8	57.8	54.1-61.4	62.0	58.4-65.6
Some post-high school	13.2	10.5-16.0	61.0	56.6-65.3	64.7	60.4-69.0
College graduate	14.9	12.6-17.3	64.6	61.2-68.0	67.2	63.8-70.5
Insurance status^c						
Yes	15.4	13.8-16.9	62.6	60.6-64.7	65.8	63.8-67.9
No	12.0	6.3-17.8	31.6	22.2-41.1	36.4	26.7-46.1
Disability^d						
Yes	17.8	14.9-20.8	61.1	57.4-64.9	64.5	60.7-68.2
No	14.1	12.4-15.8	60.6	58.1-63.1	63.8	61.3-66.2
Region						
New York City (NYC)	15.3	12.2-18.4	58.4	54.1-62.8	62.0	57.8-66.3
NYS exclusive of NYC	15.1	13.4-16.7	61.7	59.4-64.1	64.8	62.5-67.1

^a % = weighted percentage; CI = confidence interval.

^b "Missing" category included because more than 10% of the sample did not report income.

^c All respondents who report any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.

^d All respondents who report activity limitations due to physical, mental, or emotional problems OR have health problems that require the use of special equipment.

Discussion

Colorectal cancer screening by either a fecal test or a colonoscopy or sigmoidoscopy has increased by 20% in New York State since 2001. Despite this improvement in the screening rate and the recommendation that all men and women aged 50 years and older be screened, only 64% of New Yorkers report being screened for colorectal cancer.

Differences in screening exist among some groups of the population. Adults aged 50 to 64 years are screened at a lower rate than those over the age of 64 years and Hispanic adults aged 50 years and older are less likely to be screened than white non-Hispanic adults. New Yorkers in the lowest income group also report screening for colorectal cancer at a lower rate than those in the highest income group. However, insurance status accounts for the greatest disparity, with colorectal cancer screening nearly twice as likely among the insured compared to those without health insurance.

While the incidence of colorectal cancer and its associated mortality have declined in recent years,³ further reductions could be achieved by increasing the percent of men and women aged 50 years and older screened appropriately for colorectal cancer and minimizing the disparities between subgroups of New Yorkers. Improving access to colorectal cancer screening for all New Yorkers and promoting screening among underserved groups will help continue to reduce the burden of colorectal cancer on New York State.

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Copies may be obtained by contacting:

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